Supplemental Application Data Sheet

APPLICATION INFORMATION

Application Number::

Filing Date::

Application Type::
Subject Matter::

Title::

Microcatheter Including

Swellable Tip

10755249

01/12/04

Regular

Utility

Attorney Docket Number:: 1366-00901

Total Drawing Sheets:: 2
Small Entity?:: Yes

APPLICANT INFORMATION

Applicant Authority type:: Inventor

Primary Citizenship

Country::

Status:: Full Capacity

Given Name:: Michel E. Family Name:: Mawad

Name Suffix::

City of Residence:: Houston

State or Province of Residence:: Texas
Country of Residence:: US

Street of mailing address:: 6434 Auden City of mailing address:: Houston

State or Province of

mailing address:: Texas

Country of mailing

address:: US

Postal or Zip Code of

mailing address:: 77005

DOMESTIC PRIORITY INFORMATION

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Application::	Continuity Type::	Parent Application::	Parent Filing Date::
Application	of		1=1 ==7 1 = 1 = 1 = 1 = 1 = 1 = 1

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23505

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23505

69682

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